



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
P O BOX 2200, JEFFERSON CITY, MO 65105-2200
ANNUAL SUMMARY AND TRANSMITTAL OF MISSOURI FORMS MO-99 MISC.

FORM
MO-96
(REV. 10-2000)

200 _____

NOTE: Enter the total number of Federal 1099 NEC forms if substituted for the MO. Form MO-99 MISC.

ENTER NUMBER OF DOCUMENTS		All documents are: (Place an "X" in the proper boxes.)			
		ORIGINAL	CORRECTED	WITH TAXPAYER IDENTIFYING NO.	WITHOUT TAXPAYER IDENTIFYING NO.
PAYER'S identifying number	▶				
Type or Print PAYER'S name, address, and ZIP code above.		Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200 <small>I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.</small>			
SIGNATURE		TITLE		DATE	

MO 860-1106 (10-2000)

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